

PERSONNEL DATA QUESTIONNAIRE

1. Office located

2. Serial number

3. Name

4. Birth date: (Day) (Month) (Year)

5. Sex and race: (check appropriate box)

- (1) Male-White (3) Male-Oriental (5) Female-White (7) Female-Oriental
 ✓ (2) Male-Negro (4) Male-Other (6) Female-Black (8) Female-Other

6. No. dependents: ✓ (include self)

7. Willing to go

overseas?

8. Marital status:

- (1) Single (4) Divorced
 (2) Married (5) Separated
 (3) Widowed

9. Citizenship: How acquired: (If not by birth, give year you acquired U.S. citizenship: _____)

- ✓ (1) U.S. (1) Birth
 (2) Other (2) Marriage

- (3) Naturalized
 (4) Other (specify): _____

10. Legal residence: Name of state: _____ Code: _____

11. Relatives by blood or marriage living overseas: give country names only.

COUNTRY	CODE	COUNTRY	CODE	COUNTRY	CODE

12. Physical handicaps: list any physical handicaps you may have.

HANDICAP	CODE	HANDICAP	CODE	HANDICAP	CODE

13. Present draft status: A. Have you registered for draft? (1) Yes (2) No

B. If yes, check your present draft classification below:

1A <input type="checkbox"/>	2A <input type="checkbox"/>	4A <input type="checkbox"/>	4E <input type="checkbox"/>
1AO <input type="checkbox"/>	2C <input type="checkbox"/>	4B <input type="checkbox"/>	4F <input type="checkbox"/>
1C <input type="checkbox"/>		4C <input type="checkbox"/>	
1D <input type="checkbox"/>	3A <input type="checkbox"/>	4D <input type="checkbox"/>	

NOT FOR CLASSIFICATION

14. Service record: A. Check organizations in which you have served:

(1) Army <input type="checkbox"/>	(4) Air Force <input type="checkbox"/>	(7) National Guard <input type="checkbox"/>
(2) Navy <input type="checkbox"/>	(5) Coast Guard <input type="checkbox"/>	(8) Foreign Military <input type="checkbox"/>
(3) Marine Corps <input type="checkbox"/>	(6) Merchant Marine <input type="checkbox"/>	Organization <input type="checkbox"/>

B. Length of active duty in the U.S. armed services (including training tours):
 (1) World War I and all prior duty _____ Years _____ Months _____
 (2) Between World War I and World War II _____ Years _____ Months _____
 (3) World War II _____ Years _____ Months _____
 (4) Since World War II _____ Years _____ Months _____

Total active duty to date: Years _____ Months _____

C. Check status on separation
 Name of service Rank, grade, rating Arm, branch, corps Serial, service, file no.

Code	Code	Code	Code

D. Check type of separation:
 (1) Retirement for age
 (2) Retirement for service
 (3) Retirement for combat disability health, safety, or interest
 (4) " for other physical disability (5) Separated (Points, category, etc.)
 (6) Release essential to national
 (7) Release because of undue hardships E. Military specialty: Give name of specialty or code number.
 SPECIALTY CODE SPECIALTY CODE

14. Service record (continued):

F. If your present status differs from that in 14 C, show change and date effective:

Commissioned	Date	Code
Service	Date	Code
Arm, branch, corps	Date	Code
Rank, grade, rating	Date	Code
Service, serial, file no.	Date	Code

G. Are you now in the National Guard? (1) Yes (2) No

If yes, what unit?

Did you enter Federal armed forces through National Guard? (1) Yes (2) No H. Do you have reserve status? (1) Yes-inactive (2) Yes-active (3) No Are you assigned to an agency unit? (1) Yes (2) No

If no, what is your assignment?

Is your assignment an organized unit? (1) Yes (2) No J. Do you have a mobilization assignment? (1) Yes (2) No

If yes, state name of unit organization:

15. Education

If you check 4 or 6

A. Extent: check box indicating your highest level of schooling, complete blanks:

(1) Grammar school graduate	<input type="checkbox"/>	(1.) Some college	<input type="checkbox"/>	Major: (a)
(2) Some high school	<input type="checkbox"/>	(2) College graduate	<input type="checkbox"/>	College: (b)
(3) High school graduate	<input type="checkbox"/>	(6) Some graduate work	<input type="checkbox"/>	Codes: (a) _____ (b) _____

B. Degrees: fill in appropriate spaces. CODES

(1) Bachelor degree Title: _____

Major: _____

College: _____

(2) Master degree Title: _____

Major: _____

College: _____

(3) Doctor degree Title: _____

Major: _____

College: _____

(4) Year in which you received your highest degree: _____

C. Other schooling: list specialty of any other schooling you have received (including service schools).

D. Foreign language knowledge: fill in name of language and check appropriate boxes. If you are proficient in more than three foreign languages, attach extra sheet giving the same information as requested below for each additional language.

LANGUAGE NAME	CODE NO.	ABILITY TYPE	PROFICIENCY			HOW KNOLLEDGE WAS ACQUIRED
			SLIGHT	FAIR	FLUENT	
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>
		Read	(1) <input type="checkbox"/>	(5) <input type="checkbox"/>	(9) <input type="checkbox"/>	(1) School <input type="checkbox"/>
		Write	(2) <input type="checkbox"/>	(6) <input type="checkbox"/>	(10) <input type="checkbox"/>	(2) Travel <input type="checkbox"/>
		Speak	(3) <input type="checkbox"/>	(7) <input type="checkbox"/>	(11) <input type="checkbox"/>	(3) Spoken <input type="checkbox"/>
		Interpret	(4) <input type="checkbox"/>	(8) <input type="checkbox"/>	(12) <input type="checkbox"/>	at home <input type="checkbox"/>

Number of additional languages listed on attached sheet: (if any) _____

17. Area Experience: Give information requested below for all foreign countries you have visited for longer than 60 days. (Use additional sheet if necessary.) Under column headed "reason for visit" indicate whether you were in a military or civilian capacity and whether your primary purpose was business, education, recreation, etc. If you were serving overseas as a CIVILIAN employee of the Federal government, furnish name of agency by which you were employed.

COUNTRY	CODE	DATES OF STAY	REASON FOR VISIT	CODE

18. Work Experience:

A. PRIOR to CIA Employment: list the three fields of work which you consider to have been your best qualifications at the time of your appointment to the CIA or predecessor organizations. If you had never worked before or had held only one or two positions, give only such information as is pertinent. Identify your particular specialty as closely as possible.

OCCUPATION	CODE	TYPE OF ACTIVITY IN WHICH EMPLOYED				Total months of experience
		Industry	Academic	Self-Empl.	Gov't (Name Agency)	
		(1)	(2)	(3)	(4)	
		(1)	(2)	(3)	(4)	
		(1)	(2)	(3)	(4)	
		(1)	(2)	(3)	(4)	

B. SINCE CIA Employment: Describe the primary duties you have performed since your appointment to CIA or predecessor organization. Be as specific as possible: rather than using a position title such as Intelligence Officer, show the type of work performed and the geographic area and/or subject matter field if applicable.

DESCRIPTION OF DUTIES	CODE

19. Special Work Experience: Check whether you have ever been employed by any of the agencies listed below:

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| (1) U.S. Secret Service | <input type="checkbox"/> | (10) Army G-2 | <input type="checkbox"/> |
| (2) Civil police | <input type="checkbox"/> | (11) Air Force A-2 | <input type="checkbox"/> |
| (3) Military police | <input type="checkbox"/> | (12) Foreign Economic Administration | <input type="checkbox"/> |
| (4) U.S. Border Patrol | <input type="checkbox"/> | (13) Counterintelligence Corps | <input type="checkbox"/> |
| (5) U.S. Narcotics Squad | <input type="checkbox"/> | (14) Criminal Investigation Dept | <input type="checkbox"/> |
| (6) Office of Strategic Services | <input type="checkbox"/> | (15) Immigration and Naturalization
inspection | <input type="checkbox"/> |
| (7) Office of War Information | <input type="checkbox"/> | | |
| (8) Federal Bureau of Investigation | <input type="checkbox"/> | | |
| (9) Office of Naval Intelligence | <input type="checkbox"/> | | |

20. Utilization of typing and stenographic skills: answer appropriate questions below even if your skills are rusty.

	Used in present job? Approx. % time	No	Proficiency? Approx. wpm	Would you prefer an assignment using skill oftener? (1) Yes (2) No
A. Typing	(1)	(2)		(1) Yes (2) No
B. Shorthand	(1)	(2)		(1) Yes (2) No

Shorthand system used: (1) Manual (Gregg, Pittman, etc.)
(2) Machine (Stenotype, etc.)
(3) Speedwriting

21. Special skills: list such skills as ability to operate various office machines, communications equipment, professional and scientific devices, etc.

SKILL	CODE	SKILL	CODE

22. Hobbies, special qualifications: list below hobbies and special abilities such as piloting airplane, sailing, skiing, playing musical instrument, writing, stamp collecting, etc. Do not reply solely in terms of qualifications pertinent to your present position but in terms of any abilities or skills you may possess.

ABILITY	CODE	ABILITY	CODE

23. Professional or academic honors and memberships: list below any professional or academic associations or honorary societies in which you hold membership.

SOCIETY	CODE	SOCIETY	CODE

24. Publications: list below the type of writing (non-fiction: professional or scientific articles, general interest subjects, current events, etc.; fiction: novels, short stories, etc.) of any published materials of which you were author or co-author.

TYPE	CODE	TYPE	CODE

25. Inventions: describe any devices you have invented as to the type of work for which intended and whether patented.

DEVICE	CODE	PATENTED
		(1) Yes (2) No
		(1) Yes (2) No
		(1) Yes (2) No

26. CIA Training: Have you taken in-service training courses in CIA other than the indoctrination courses? (1) Yes (2) No

27. CIA Tests: If you have taken tests at CIA, check the type below:

- (1) Personnel Division tests
- (2) Assessment
- (3) Foreign Documents Division special language tests

28. Use the space below to indicate any other qualification you may have which you do not describe above.

PERSONNEL DATA QUESTIONNAIRE
SUPPLEMENT A
CIA PERSONNEL HISTORY

(THIS SUPPLEMENT TO PERSONNEL DATA FORM TO BE COMPLETED BY PERSONNEL DIVISIONS.)

- ## 2. Personnel actions

List all personnel actions since appointment to CIA or predecessor agency.

- ### 3. Efficiency ratings

List adjective rating and date for all CIA efficiency ratings.

Rating	Code	Date	Rating	Code	Date

- #### 4. Competitive Civil Service status?

(1) Yes-in present job
(2) Yes-not in CIA
(3) No

- ## 5. Security clearances

Type

- type*

 - (1) Provisional
 - (2) Secret
 - (3) Full
 - (4) Waiver
 - (5) Other (spec.)

Date requested

Date received